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FEE TRANSMITTAL

		<i>Complete if Known</i>	
		Application Number	10/593,390-Conf. #8873
		Filing Date	July 20, 2007
		First Named Inventor	Stefan Hansch
		Examiner Name	A. A. Parvez
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3729
TOTAL AMOUNT OF PAYMENT		(\$) 2,040.00	
		Attorney Docket No.	H0075.70116US00

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account		Deposit Account Number: 23/2825		Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	380	190	620	310	250	125	
Design	250	125	120	60	160	80	
Plant	250	125	380	190	200	100	
Reissue	380	190	620	310	750	375	
Provisional	250	125	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Small Entity
Each claim over 20 (including Reissues)	60 30
Each independent claim over 3 (including Reissues)	250 125
Multiple dependent claims	450 225

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 20 or HP	x	=		Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1501 Utility issue fee	1,740.00
1504 Publication fee for early, voluntary, or normal ...	300.00

SUBMITTED BY

Signature	William R. McClellan	Registration No. (Attorney/Agent)	29,409	Telephone	617.646.8000
Name (Print/Type)	William R. McClellan	Date October 26, 2011			

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with 37 CFR § 1.6(a)(4).

Dated: October 26, 2011

Signature: Doris A. Champagne (Doris A. Champagne)